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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

105773.00103

As a below named inventor, I hereby declare that:  My residence, post office address and citizenship are stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number
is attached hereto.
is attached hereto.
was filed on as reissue application number / and was amended on (If applicable)
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.  I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)
by reason of a defective specification or drawing.
by reason of the patentee claiming more or less than he had the right to claim in the patent.  by reason of other errors.
At least one error upon which reissue is based is described as follows:
Both independent claims include a limitation directed to
"many elongated fingers." Since that limitation is not required
to avoid the prior art or to claim the invention definitely, the
patent covers less than the patentee is entitled to claim.





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(REISSUE APPL	IVENTOR, p	page 2)	4	Docket Number (Optional)				
All errors correct	any decept	eptive intention on the part of the						
applicant. As a	named inventor, I hereby appoint and transact all business in the Pa	the followi	na attornev	(e) and/or	agant/c	\		
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	. Greenbaum 28,419							
Donald R.	•	•						
Correspondence Address: Direct all communications about the application to:								
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OR	Type Customer Number I	here	•	2 Gode Laber Here				
Firm or Individual Name	BLANK ROME COMISKY &	McCAU	LEY LLP					
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Country			I	<u> </u>	1	20000		
Telephone	202-463-7700		Fax	202-4	C 2 C 0	7 -		
on information and	at all statements made herein of my o belief are believed to be true; and fun	ther that the	se statemer	and that all	stateme	nts made		
Arrowledge that willful false statements and the like so made are punishable by fine and imprisonment								
or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.								
	r first inventor (given name, family name		eciaration is	directed.				
	Piccane	me)/						
Inventor's signature	Piccane	/				•		
Residence	Elman /	Data	- 1 -	<del></del> :				
Glenmoor		Date	3/16/99					
Post Office Address 65 Denton Dr., Glenmoore PA 19343  Citizenship  U.S.								
Full name of second	d joint inventor (given name, family na	ame)			<del> </del>			
Inventor's signature				· .				
inventor's signature			Date					
Residence		Citizens	Citizenship					
Post Office Address								
Full name of third jo	int inventor (given name, family name	9)			,	-		
Inventor's signature			Date					
Residence			Citizenship					
Post Office Address								
Additional joint	inventors are named on separately pu	imborod sh	ooto ottoobo					